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| WISCONSIN CERTIFIED FIREWOOD DEALER APPLICATION |
| Wis. Stats. § 93.06, 93.07 and 94.01, Wis. Admin. Code § ATCP 21.20. Completion of this form is necessary to obtain certification as a Wisconsin firewood dealer. Wis. Stats. § 15.04(1)(m), Wis. Admin. Code § ATCP 21.20(2)(c). Personal information that you provide may be used for purposes other than that for which it was originally collected, Wis. Stats. § 15.04(1)(m) |
| SECTION 1 – BUSINESS INFORMATION |
| LEGAL BUSINESS NAME      | DOING BUSINESS AS NAME OR TRADE NAME      |
| BUSINESS HEADQUARTERS STREET ADDRESS      | CITY      | STATE   | ZIP      | COUNTY      |
| MAILING ADDRESS (if different than headquarters address)      | CITY      | STATE   | ZIP      |
| CONTACT PERSON      | EMAIL ADDRESS      | PHONE(     )     -      | FAX(     )     -      |
| STREET ADDRESS      | CITY      | STATE   | ZIP      |
| **FIREWOOD TREATMENT LOCATIONS**: *(Complete if business treats firewood at multiple locations)* |
| LOCATION 1 ADDRESS STREET      | CITY      | STATE   | ZIP      | COUNTY      |
| LOCATION 2 ADDRESS STREET      | CITY      | STATE   | ZIP      | COUNTY      |
| BUSINESS TYPE (check one) |
| [ ]  Individual(s)/Sole Proprietor | [ ]  Cooperative | [ ]  Legal Partnership | [ ]  Limited Liability Company (LLC) |
| [ ] Corporation | State of Incorporation (if corporation)       | [ ]  Other (please describe):       |
| SECTION 2 – WOOD SALES Please list all locations in Wisconsin where your treated firewood is sold or distributed and annual volume of firewood sold. Use additional pages if needed. |
| LOCATION 1 NAME       | CONTACT PERSON      | PHONE(     )     -      | ANNUAL VOLUME OF WOOD(20 cord/2000 bundle total min.) |       |
| LOCATION 1 ADDRESS STREET      | CITY      | STATE   | ZIP      | COUNTY      |
| LOCATION 2 NAME       | CONTACT PERSON      | PHONE(     )     -      | ANNUAL VOLUME OF WOOD(20 cord/2000 bundle total min.)  |       |
| LOCATION 2 ADDRESS STREET      | CITY      | STATE   | ZIP      | COUNTY      |
| LOCATION 3 NAME       | CONTACT PERSON      | PHONE(     )     -      | ANNUAL VOLUME OF WOOD (20 cord/2000 bundle total min.)  |       |
| LOCATION 3 ADDRESS STREET      | CITY      | STATE   | ZIP      | COUNTY      |
| LOCATION 4 NAME       | CONTACT PERSON      | PHONE(     )     -      | ANNUAL VOLUME OF WOOD (20 cord/2000 bundle total min.)  |       |
| LOCATION 4 ADDRESS STREET      | CITY      | STATE   | ZIP      | COUNTY      |
| LOCATION 5 NAME       | CONTACT PERSON      | PHONE(     )     -      | ANNUAL VOLUME OF WOOD (20 cord/2000 bundle total min.)  |       |
| LOCATION 5 ADDRESS STREET      | CITY      | STATE   | ZIP      | COUNTY      |
| LOCATION 6 NAME       | CONTACT PERSON      | PHONE(     )     -      | ANNUAL VOLUME OF WOOD (20 cord/2000 bundle total min.)  |       |
| LOCATION 6 ADDRESS STREET      | CITY      | STATE   | ZIP      | COUNTY      |
| LOCATION 7 NAME       | CONTACT PERSON      | PHONE(     )     -      | ANNUAL VOLUME OF WOOD (20 cord/2000 bundle total min.)  |       |
| LOCATION 7 ADDRESS STREET      | CITY      | STATE   | ZIP      | COUNTY      |

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| SECTION 3 – WOOD SOURCES AND TYPESPlease list all sources, if any, from which you obtain wood for eventual sale or distribution. Use additional pages if needed. |
| **SOURCE 1**  PERSON OR BUSINESS NAME       | CONTACT PERSON      | PHONE(     )     -      |
| SOURCE 1 ADDRESS STREET      | CITY      | STATE   | ZIP      | COUNTY      |
| **SOURCE 2**  PERSON OR BUSINESS NAME       | CONTACT PERSON      | PHONE(     )     -      |
| SOURCE 2 ADDRESS STREET      | CITY      | STATE   | ZIP      | COUNTY      |
| **SOURCE 3**  PERSON OR BUSINESS NAME       | CONTACT PERSON      | PHONE(     )     -      |
| SOURCE 2 ADDRESS STREET      | CITY      | STATE   | ZIP      | COUNTY      |
| **SOURCE 4**  PERSON OR BUSINESS NAME       | CONTACT PERSON      | PHONE(     )     -      |
| SOURCE 2 ADDRESS STREET      | CITY      | STATE   | ZIP      | COUNTY      |
| **SOURCE 5**  PERSON OR BUSINESS NAME       | CONTACT PERSON      | PHONE(     )     -      |
| SOURCE 2 ADDRESS STREET      | CITY      | STATE   | ZIP      | COUNTY      |
| **SOURCE 6**  PERSON OR BUSINESS NAME       | CONTACT PERSON      | PHONE(     )     -      |
| SOURCE 2 ADDRESS STREET      | CITY      | STATE   | ZIP      | COUNTY      |
| WOOD TYPES: Please indicate by percentage the wood types, which you sell or distribute. | Hardwoods:       % | Conifers:       % |
| Comments: |
|       |
| SECTION 4 – TREATMENT METHOD(S) Please check the appropriate box(es): |
| The firewood dealer shall certify that, before selling or distributing any firewood in this state as treated firewood, the dealer will treat that wood in this state in one of the following ways: |
| [ ]  Each piece of firewood is heat treated to a temperature of at least 140⁰ F (60⁰ C) at the center of each piece, and is maintained at that temperature for at least 60 minutes. Temperatures are recorded electronically for all heat treatments and data is maintained for 3 years. |
| [ ]  The firewood is stored on the firewood dealer's premises for at least 2 years before sale or distribution. Dealer maintains a written, detailed and organized system for tracking the age of firewood. |
| [ ]  The firewood is treated in a manner approved, in writing, by the Wisconsin Department of Agriculture, Trade and Consumer Protection, to kill all insect pests that may inhabit the firewood. |
| PROVIDE APPROXIMATE ANNUAL VOLUME OF FIREWOOD TREATED *(cord/bundle)*       |
| SECTION 5 – PURPOSE OF CERTIFICATION Please check all that apply: |
| [ ]  Movement out of quarantine | [ ]  Preparation for future quarantine | [ ]  Distributing firewood to state lands |
| [ ]  Advertising benefit | [ ]  Retail sales - wood can move anywhere in state | [ ]  Other:       |
| Please do NOT send payment with this application. Certification is based on an official inspection of the proposed treatment process. Applicants will be invoiced for the annual fee following inspection.  |
| By signing below, I certify that all information I have provided is true and accurate, and I agree to notify the Department if my declaration above changes or is no longer accurate. |
|       |       |       |
| AUTHORIZED SIGNATURE | TITLE | DATE |
| If at any time, before or after certification, the information provided on this form is no longer accurate, the firewood dealer must notify DATCP. DATCP also retains the right to withdraw certification if the applicant materially misrepresents any information on the application, or fails to honor any of the commitments made on the application. Certification does not constitute a warranty by the Department or the State of Wisconsin that firewood is free of pests. Application of method(s) of certification remains the responsibility of the firewood dealer. |

Mail Completed Application to: WI DATCP Firewood Program, Shahla Werner, P.O. Box 8911, Madison, WI 53708-8911